

Patient Name: _____

State law requires that you be given certain information and that we obtain your consent prior to beginning any treatment. What you are being asked to sign is a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given the opportunity to ask questions; that all your questions have been answered in a satisfactory manner; and that all the spaces in these forms were filled in prior to your signing it.

- 1) Thereby authorize and request the performance of dental services and prosthodontic procedures for the above named patient from Dr Peter L. Thompson or staff and further authorize the performance of whatever procedure(s) in the judgment of the above named doctor may deem necessary. I also authorize the administration of such anesthetics or analgesics that the doctor may deem advisable. I further authorize any oral surgical procedure(s) that may be necessary during my treatment. I further consent to the taking of photographs, films or other materials showing the condition of my mouth or my treatments for the purpose of documentation, my education, or the showing to the public at large or other display of such photographs, films or other materials including dental records, x-rays if necessary for dental, scientific and educational purposes. (All rights to remuneration, royalty or other compensation to the patient, his heirs or assigns or myself are hereby waived.)
- 2) I authorize the fabrication of the prosthesis that has been prescribed by the following Dr.(s) _____ that has been indicated by the diagnostic studies and/or evaluations already performed to utilize with my implant(s) and treat any other dental needs.
- 3) Alternatives to the implant prosthesis(es) have been explained to me, including their risks. I have tried or considered these alternative treatment methods and their risks, as listed on the "Request for Prosthetic Treatment" page, but I desire the implant prosthesis(es) used to help secure and/or replace my missing teeth which is also listed on that same page.
- 4) I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant prosthesis(es) and the associated treatment and procedures. I am aware that the implant prosthesis(es) may fail, which may require further corrective actions and possible removal of said prosthesis(es).
- 5) As with any dental prosthesis(es), there are possible complications of which I have been made aware. These complications include but are not limited to the following: risk of improper fitting bridge work; risk of improper occlusion; disease develops due to improper home care or other reasons; loss of permanent teeth; loss of the prosthesis (es) and/or implant(s) if systemic disease develops, and wear or breakage of the implant component parts and/or prosthesis(es), and risk to the chewing surface material(s). This material(s) has tooth like hardness. However, just as with natural teeth, they run the risk of fracture or breakage. If damage to the material(s) occurs it may need to be repaired. The amount of damage to the prosthesis(es) will determine whether or not it may be repaired or remade. The cost to repair will vary depending on the extent of the damage. If a chip occurs it may only need to be polished. If the fracture is larger it may need resurfacing and may only last four to six months. Should the damage be excessive, it may require that the crown or the entire bridge be remade. There will be a fee to repair and/or replace the crown or bridge.

- 6) I have been advised that use of tobacco, alcohol and/or sugar may affect the implant(s) and the prosthesis(es), which may limit the success of this treatment. Gum disease is the leading cause of tooth loss today. The teeth or implant(s) which support your prosthesis(es) can develop gum disease, if proper care is NOT given to them. **Professional preventive maintenance visits and professional cleanings are mandatory every three to six months.** Home care, brushing and flossing should be performed **three times daily**. Our hygienist will recommend a daily program for your specific needs.
- 7) Avoid eating or chewing sticky foods such as taffy and excessively hard objects or foods like hard candies, some nuts, ice, etc. This may loosen or damage the prosthesis(es). Fixed teeth rarely come loose. However, if this occurs it will put excessive force on the remaining implant(s)/teeth. Natural teeth may decay under loose restorations. This too may result in loss of the teeth or implants. Therefore, if the prosthesis(es) should become loose, or if any changes to the bite occur, *please notify the office immediately.*
- 8) I certify that I have read, have had explained to me, and fully understand this foregoing consent to implant prosthetic treatment and that it is my intention to have the foregoing treatment carried out as stated. I have been advised that this is a relatively new procedure and that the information concerning the longevity of the particular implant(s) and the prosthesis(es) to be used may be limited. However, I have discussed this, as well as the nature of the implant product to be used, and I consent to the procedure knowing its risks and limitations.

IN SUMMARY

- 9) I understand that sometime after insertion the implant(s) will be uncovered and/or implant head(s) will be placed into the implant(s). The restoring dentist will restore the implant(s) using routine dental procedures and make a prosthesis(es) that will be attached to the implant(s). The problems with having or wearing this prosthesis(es) have been explained to me. I may lose the implant(s) once it has been placed or the prosthesis(es) may fracture, wear or parts may break and need to be replaced at my cost. In addition, it has been explained to me that the prosthesis(es) will either be cemented or placed in position by screws. These screws can come loose and/or break and may need to be replaced at anytime. There will be a charge to remedy these situations. It has been further explained to me the need for meticulous home care. The tissue around the implant(s) may become irritated. I may need additional surgery to insure the health of the implant(s). Possible oral hygiene regimes have been explained to me and I have been told what type of dental care devices I may need. Preventive maintenance procedures have been explained to me and I know that I should come back to visit the dentist who has placed the restorations at least three times a year. As with all other dental procedures, no guarantee can be given as to the longevity of this procedure. It should be noted that I have read this, clearly understand this, and I have had all this information explained to me. I have had all my questions answered by the dentist and have no remaining substantive questions relative to this information or my treatment.
- 10) Finally, all spaces were filled in prior to my signature and I understand that I am free to withdraw my consent to treatment at any time.

A credit check may be obtained to help establish a credit history. Further, if I fail to pay my balance in full for treatment rendered, I will be liable for any additional legal fees, collection costs and interest incurred in collecting the balance due.

Signature of Patient or Guardian

Date

Signature of Witness

Date